

Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

6/3/2013

3/15/2013

6/17/2013

CM13-0000730

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 additional physical therapy sessions to the bilateral wrist is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 6/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 additional physical therapy sessions to the bilateral wrist** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

This 38 year old, right handed female senior administrative assistant presents with bilateral upper extremities injuries. She states that her old work related injury occurred in 2007. She is no longer working for that company. The patient states she has history of severe bilateral Carpal Tunnel Syndrome, right greater than left, and in 2007 surgery was recommended but she chose not to have surgery. Symptoms later resolved. In mid March, she started to have tingling sensation and numbness in both hands after prolonged typing. She started alternating sitting and standing up but because her table is too low she had to manually crank it up which cause more wrist pain. The patient saw her private MD to expedite an ergonomic evaluation request and it was completed on 4/11/13. The patient relates flare up of her symptoms involving her bilateral upper extremities due to repetitive hand motion required at work without a particular trauma or injury. As of 6/6/13 she completed 5/ 6 sessions of physical therapy with symptom improvement. She is able to do all ADL's without problem and tolerating regular duty well. The patient has not needed to take any over the counter analgesics recently nor has she had to use wrist splints. The patient's shoulder/elbow/wrist range of motion is full in all directions. No tenderness noted over medial/lateral epicondyle. Her motor strength is 5/5 symmetric, strong grip bilaterally and she is Neurovascularly intact. The issue presented is whether PT for 6 additional sessions to the bilateral wrists is medically necessary.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for physical therapy for 6 additional sessions to the bilateral wrists :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) page 265, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

The request for 6 additional sessions of physical therapy to the bilateral wrists is not medically necessary per the MTUS, ODG and ACOEM recommendations on carpal tunnel syndrome. As provided in the medical records the employee has had at least 5 PT sessions thus far for carpal tunnel syndrome and the employee should be well versed in a home exercise program. The MTUS guidelines discuss PT for carpal tunnel in relation to post-surgical therapy. Stating, " There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below." The ACOEM guidelines recommend an at home exercise program and state there is no use for modalities: "such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist". The ODG states that 1-3 visits over 3-5 weeks may be appropriate for instruction in home exercise/education. **The request for 6 additional physical therapy visits to the bilateral wrist is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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/jr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.